## Attachment A

## WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR: WYOMING DEPARTMENT OF HEALTH BREASTFEEDING SUPPORT IN THE WORKPLACE PROGRAM

## PLEASE READ CAREFULLY

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out or sustained while participating in this workplace program, other than a valid Worker's Compensation claim.

In registering for the program, you are agreeing as follows:

- As a participant in the program, I recognize and acknowledge that there are certain risks, however minor, of physical injury. I agree to assume the full risk of any injuries, including death, damages, or loss, which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program.
- I agree to waive and relinquish any and all claims that I or my child may have as a result of participating in the Wyoming Department of Health Breastfeeding Support in the Workplace Program against the State of Wyoming, any and all other participating or cooperating governmental units, officers, agents, servants, and employees of the governmental bodies for any injuries that I or my child might sustain while participating in the program, other than a valid Workers Compensation claim. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement).
- I hereby do fully release and discharge the State of Wyoming and the other released parties from any and all claims for injuries, including death, damage, or loss, which I or my child may have or, which may accrue to me or my heirs, by my participation in the program, other than a valid Worker's Compensation claim.
- I further understand and agree that the terms such as, "participation," "program," and "activities," referred to in this Agreement, include all actions taken and resulting from my participation in the program.
- I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Name of Participant (please print)	
Signature of Participant	Date

